MULTIPLE DEPENDENT CLAIM FEE CALC*. ATION SHEET

(FOR USE \ __ H FORM PTO-875)

SERIAL NO.
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APPLICANT(c),

FILING DATE

CLAIMS

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CLAIMS	13	75				Carrier St			

PTO - 1360 (REV. 11/04)

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CLAIMS	U.S. DEPARTMENT of COMMERCE						

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